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7505

07/19/2007

Allen, Dyer, Doppelt, Milbrath & Gilchrist, P. A.
Suite 1401
225 South Orange Avenue
P.O. Box 3791
Orlando, FL 32802-3791

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Depositor's name
Date/time
Other

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/69/37

10/20/2003

Burdon M. Larson

20336.DUCON

8391

TITLE OF INVENTION: WATER SPORT TOWING APPARATUS

APPLIC. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PATENT ADVISORY FEE	TOTAL FEE DUE	DATE DUE
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Company/Individual

YES

\$700

\$300

\$0

\$1000

10/19/2007

EXAMINER	ART UNIT	CLAIMS/RECLASS
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VASUDEVA, AJAY

3617

114-253009

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.303).

☐ Change of correspondence address, for Change of Correspondence Address form (PTO-SB-122) attached.☐ "Fee Address" (indication of "Fee Address" indication form PTO-SB-47, Rev. 02-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, (b)

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (acting as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no entry will be printed.

ALLEN, DYER, DOPPELT, MILBRATH & GILCHRIST, P.A.
255 SOUTH ORANGE AVE., SUITE 1401
ORLANDO, FL 32801

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE (CITY AND STATE OR COUNTRY)

Connect Craft, Inc.

Orlando, FL

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

4b. Payment of Fee(s). (Please first reply any previously paid issue fee shown above)

☒ Issue Fee☐ A check is enclosed☐ Publication Fee (No small entity discount permitted)☒ Payment by credit card. Form PTO-258 is attached☐ Advance notice - # of Copies☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 00000000000000000000 (include an address copy of this item).

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☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.401☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.47(g)(2).

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Date

Typed or printed name

Registration No. 37,405

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